



Complete Summary

GUIDELINE TITLE

Health care decision making. In: Evidence-based geriatric nursing protocols for best practice.

BIBLIOGRAPHIC SOURCE(S)

Mitty EL, Post LF. Health care decision making. In: Capezuti E, Zwicker D, Mezey M, Fulmer T, editor(s). Evidence-based geriatric nursing protocols for best practice. 3rd ed. New York (NY): Springer Publishing Company; 2008. p. 521-38. [30 references]

GUIDELINE STATUS

This is the current release of the guideline.

COMPLETE SUMMARY CONTENT

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SCOPE

DISEASE/CONDITION(S)

Decision-making capacity

GUIDELINE CATEGORY

Evaluation
Management

CLINICAL SPECIALTY

Geriatrics
Nursing

INTENDED USERS

Advanced Practice Nurses
Allied Health Personnel
Health Care Providers
Nurses
Physician Assistants
Physicians

GUIDELINE OBJECTIVE(S)

To ensure nurses in acute care:

- Understand the supporting bioethical and legal principles of informed consent
- Are able to differentiate between competence and capacity
- Understand the issues and processing of assessing decisional capacity
- Can describe the nurse's role and responsibility as an advocate for the patient's voice in health care decision making

TARGET POPULATION

Hospitalized older adults

INTERVENTIONS AND PRACTICES CONSIDERED

Assessment

1. Decision-making capacity
 - Tests of executive function
 - Indicators of decisional capacity

Management

1. Communication
2. Observations and documentation
3. Assessment of understanding

MAJOR OUTCOMES CONSIDERED

- Number of referrals to the ethics committee or ethics consultant in situations of decision-making conflict between any of the involved parties
- Appropriate plan of care written
- Appropriate documentation

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Hand-searches of Published Literature (Primary Sources)
Hand-searches of Published Literature (Secondary Sources)
Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Although the AGREE instrument (which is described in Chapter 1 of the original guideline document) was created to critically appraise clinical practice guidelines, the process and criteria can also be applied to the development and evaluation of clinical practice protocols. Thus the AGREE instrument has been expanded for that purpose to standardize the creation and revision of the geriatric nursing practice guidelines.

The Search for Evidence Process

Locating the best evidence in the published research is dependent on framing a focused, searchable clinical question. The PICO format—an acronym for population, intervention (or occurrence or risk factor), comparison (or control), and outcome—can frame an effective literature search. The editors enlisted the assistance of the New York University Health Sciences librarian to ensure a standardized and efficient approach to collecting evidence on clinical topics. A literature search was conducted to find the best available evidence for each clinical question addressed. The results were rated for level of evidence and sent to the respective chapter author(s) to provide possible substantiation for the nursing practice protocol being developed.

In addition to rating each literature citation to its level of evidence, each citation was given a general classification, coded as "Risks," "Assessment," "Prevention," "Management," "Evaluation/Follow-up," or "Comprehensive." The citations were organized in a searchable database for later retrieval and output to chapter authors. All authors had to review the evidence and decide on its quality and relevance for inclusion in their chapter or protocol. They had the option, of course, to reject or not use the evidence provided as a result of the search or to dispute the applied level of evidence.

Developing a Search Strategy

Development of a search strategy to capture best evidence begins with database selection and translation of search terms into the controlled vocabulary of the database, if possible. In descending order of importance, the three major databases for finding the best primary evidence for most clinical nursing questions are the Cochrane Database of Systematic Reviews, Cumulative Index to Nursing and Allied Health Literature (CINAHL), and Medline or PubMed. In addition, the PsycINFO database was used to ensure capture of relevant evidence in the psychology and behavioral sciences literature for many of the topics. Synthesis sources such as UpToDate® and British Medical Journal (BMJ) Clinical Evidence and abstract journals such as *Evidence Based Nursing* supplemented the initial searches. Searching of other specialty databases may have to be warranted depending on the clinical question.

It bears noting that the database architecture can be exploited to limit the search to articles tagged with the publication type "meta-analysis" in Medline or

"systematic review" in CINAHL. Filtering by standard age groups such as "65 and over" is another standard categorical limit for narrowing for relevance. A literature search retrieves the initial citations that begin to provide evidence. Appraisal of the initial literature retrieved may lead the searcher to other cited articles, triggering new ideas for expanding or narrowing the literature search with related descriptors or terms in the article abstract.

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Weighting According to a Rating Scheme (Scheme Given)

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Levels of Evidence

Level I: Systematic reviews (integrative/meta-analyses/clinical practice guidelines based on systematic reviews)

Level II: Single experimental study (randomized controlled trials [RCTs])

Level III: Quasi-experimental studies

Level IV: Non-experimental studies

Level V: Case report/program evaluation/narrative literature reviews

Level VI: Opinions of respected authorities/Consensus panels

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METHODS USED TO ANALYZE THE EVIDENCE

Systematic Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

Not stated

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

External Peer Review
Internal Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Not stated

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

Levels of evidence (I – VI) are defined at the end of the "Major Recommendations" field.

Standards of Decision Making

- Prior explicit articulation: decision based on the previous expression of a capable person's wishes through oral or written comments or instructions.
- Substituted judgment: decision by others based on the formerly capable person's wishes that are known or can be inferred from prior behaviors or decisions.
- Best-interest standard: decision based on what others judge to be in the best interest of an individual who never had or made known health care wishes and whose preferences cannot be inferred.

Assessment of Decisional Capacity

- There is no "gold standard" instrument to assess capacity.
- Assessment should occur over a period of time, at different times of day, and with attention to the patient's comfort level (Mezey, Mitty, & Ramsey, 1997 [Level V]).
- The Mini-Mental State Examination (MMSE) or Mini-Cog is not a test of capacity. Tests of executive function might better approximate the reasoning and recall needed to understand the implications of a decision.

- Clinicians agree that the ability to understand the consequences of a decision is an important indicator of decisional capacity.
- Safe and appropriate decision-making is retained in early-stage dementia (Kim & Karlawish, 2002 [**Level V**]) and by adults with mild to moderate mental retardation (Cea & Fisher, 2003 [**Level IV**]).

Nursing Care Strategies

- Communicate with patient and family or other/surrogate decision makers to enhance their understanding of treatment options.
- Be sensitive to racial, ethnic, religious, and cultural mores and traditions regarding end-of-life care planning, disclosure of information, and care decisions (Duffy et al., 2006 [**Level IV**]; Kagawa-Singer & Blackhall, 2001 [**Level V**]).
- Be aware of conflict resolution support and systems available in the care-providing organization.
- Observe, document, and report the patient's ability to:
 - Articulate his or her needs and preferences
 - Follow directions
 - Make simple choices and decisions (e.g., "Do you prefer the TV on or off?", "Do you prefer orange juice or water?")
 - Communicate consistent care wishes
- Observe period(s) of confusion and lucidity; document the specific time(s) when the patient seems more or less "clear." Observation and documentation of the patient's mental state should occur during the day, evening, and at night.
- Understanding is assessed relative to the particular decision at issue. The following probes and statements are useful in assessing the degree to which the patient has the skills necessary to make a health care decision:
 - "Tell me in your own words what the physician explained to you."
 - "Tell me which parts, if any, were confusing."
 - "What do you feel you have to *gain* by agreeing to (the proposed intervention)?"
 - "Tell me what you feel you have to *lose* by agreeing to (the proposed intervention)?"
 - "Tell me what you feel you have to gain/lose by refusing (the proposed intervention)?"
 - "Tell me why this decision is important (difficult, frightening, etc.) to you."
- Select (or construct) appropriate decision aids.
- Help the patient express what he or she understands about the clinical situation, the goals of care, the expectation of the outcomes of the diagnostic or treatment interventions.
- Help the patient identify who should participate in diagnostic and treatment discussions and decisions.

Definitions:

Levels of Evidence

Level I: Systematic reviews (integrative/meta-analyses/clinical practice guidelines based on systematic reviews)

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CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

REFERENCES SUPPORTING THE RECOMMENDATIONS

[References open in a new window](#)

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of supporting evidence is identified and graded for selected recommendations.

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

- Increased number of referrals to the ethics committee or ethics consultant in situations of decision-making conflict between any of the involved parties
- Appropriate use of interpreters in communication of, or decision-making about, diagnostic and/or treatment interventions
- Appropriate plans of care written
- Appropriate documentation

POTENTIAL HARMS

Not stated

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

IMPLEMENTATION TOOLS

Staff Training/Competency Material

For information about [availability](#), see the "Availability of Companion Documents" and "Patient Resources" fields below.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Patient-centeredness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

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ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

2008

GUIDELINE DEVELOPER(S)

Hartford Institute for Geriatric Nursing - Academic Institution

SOURCE(S) OF FUNDING

Hartford Institute for Geriatric Nursing

GUIDELINE COMMITTEE

Not stated

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Primary Authors: Ethel L. Mitty and Linda Farber Post

FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

GUIDELINE STATUS

This is the current release of the guideline.

GUIDELINE AVAILABILITY

Electronic copies: Available from the [Hartford Institute of Geriatric Nursing Web site](#).

Copies of the book *Geriatric Nursing Protocols for Best Practice*, 3rd edition: Available from Springer Publishing Company, 536 Broadway, New York, NY 10012; Phone: (212) 431-4370; Fax: (212) 941-7842; Web: www.springerpub.com.

AVAILABILITY OF COMPANION DOCUMENTS

The followings are available:

- Treatment decision making: post-test instructions. Continuing education activity. Available from the [Hartford Institute for Geriatric Nursing Web site](#).
- Treatment decision making: Evaluation. Continuing education activity. Available from the [Hartford Institute for Geriatric Nursing Web site](#).

PATIENT RESOURCES

None available

NGC STATUS

This NGC summary was completed by ECRI Institute on June 13, 2008. The information was verified by the guideline developer on August 4, 2008.

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